MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. *10722911* FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP								
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6		1					56							
7							57							
8		2					58							
9		2					59							
10							60							
11							61							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	1						TOTAL IND.							
TOTAL DEP.	11						TOTAL DEP.							
TOTAL CLAIMS	12						TOTAL CLAIMS							